



City of Alexandria, Virginia
Department of Community and Human Services
Workforce Development Center
1900 N. Beauregard Street, Suite 300
Alexandria, VA 22311
703.746.5990
Hours of Operation: 8 a.m. – 5 p.m., Monday - Friday



The City of Alexandria
Workforce Development Center

TEENSWORK! YOUTH EMPLOYMENT PROGRAM APPLICATION

THE FOLLOWING DOCUMENTATION (ORIGINALS) **MUST BE SUBMITTED** WITH THIS APPLICATION:

- 1 - **U.S. BIRTH CERTIFICATE OR ALIEN REGISTRATION CARD**
- 2 - **PICTURE IDENTIFICATION** (school, DMV, military, passport)
- 3 - **SOCIAL SECURITY CARD** (must be signed)
- 4 - **PROOF OF RESIDENCY** (post-marked mail addressed to applicant or current school report card)
- 5 - **HOUSEHOLD INCOME VERIFICATION (FOR PARTICIPATION IN PUBLIC PROGRAM ONLY)** (pay stubs from the last 6 months from EACH income-earner in your household, most recent/previous year's W-2 form or Free Lunch Program Participation letter)

**APPLICANTS MUST COMPLETE IN FULL AND BE PRESENT AT TIME OF SUBMISSION.
APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION ARE CONSIDERED
INCOMPLETE AND WILL NOT BE PROCESSED.**

THIS PROGRAM SERVES 14-21 YEAR-OLD RESIDENTS OF THE CITY OF ALEXANDRIA.

Name (First, MI, Last)		Social Security Number _____-_____-_____	
Full Mailing Address:		Home Phone#:	
		Birthdate: _____/_____/_____	
		(If Male 18 and over) Are you registered for Selective Service? Yes _____ No _____	
Are you a U.S. Citizen? Yes _____ No _____ No, with Right to Work _____ Alien # _____			
Do you have a High School Diploma or GED? Yes _____ No _____		Gender: (optional) Male _____ Female _____	
Do you claim automatic admission to the Youth Employment Program based on a disability? (optional) Yes _____ No _____ If yes, please explain:		Race: (optional) (Circle all that apply) African-American Asian Caucasian Hispanic Native American Other: _____	
Will you be attending summer school? Yes ____ No ____		What other languages do you speak? (Optional)	
What is the primary language spoken in your home? (Optional)		Are you enrolled in any Special Programs? (Circle all that apply) STEP ESL HONORS CLASS SPECIAL EDUCATION	
School Name	School Phone #	Highest Grade Completed:	
EMERGENCY Contact Information: Name: _____ Relationship: _____ Address: _____ Phone: _____			
EMERGENCY Contact Information: Name: _____ Relationship: _____ Address: _____ Phone: _____			

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EMERGENCY MEDICAL INFORMATION

Your Name (First, MI, Last) _____

IN CASE OF EMERGENCY

Family Doctor/Clinic _____ Phone _____

Address _____

Is applicant currently under physician's care? Yes _____ No _____

If yes, please explain _____

List any allergies you may have or medications you are presently taking: _____

I give my permission for the Alexandria Department of Community and Human Services to see that I am provided with necessary medical treatment while injured or sick at my work site.

Applicant's Signature: _____

To be completed by parent/guardian of those applicants under 18 years of age:

As the parent/guardian of _____, I give my permission for the Alexandria Department of Community and Human Services to see that my child is provided with the necessary medical treatment while injured or sick at his/her work site.

Parent or Guardian Signature: _____ Date: _____

I understand that this application is not a guarantee of services. Furthermore, I understand that I share the responsibility of addressing my employment needs and that my full cooperation is necessary if any of my employment needs are to be met, now or in the future.

Applicant Signature: _____ Date: _____

Youth Employment Counselor's Signature: _____ Date: _____

ELIGIBILITY VERIFICATION

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination from the program if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. (Federal Regulations 20 CFR 66.75 – 3bIII)

Following review and verification of my application, I certify that I understand the information presented.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

DISCLAIMER FORM

I give the City of Alexandria Workforce Development Center permission to transport my son/daughter to a job interview or other work experience-related activity, if available. My son/daughter is under 18 years and I approve for him/her to be transported in a city vehicle by city staff.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

-----OR-----

(IF 18 OR OVER ONLY)

I give the City of Alexandria Workforce Development Center permission to transport me to a job interview or other work experience-related activity, if available. I am 18 years or older and understand that I will be transported in a city vehicle by city staff.

Applicant Signature: _____ Date: _____

Please List All Persons in Your Household:

(including yourself)

(Name)	/	(His/Her Relation to You?)	(Age)	/ (Employed or Unemployed)
1.			1.	/ Employed or Unemployed?
2.			2.	/ Employed or Unemployed?
3.			3.	/ Employed or Unemployed?
4.			4.	/ Employed or Unemployed?
5.			5.	/ Employed or Unemployed?
6.			6.	/ Employed or Unemployed?
7.			7.	/ Employed or Unemployed?
8.			8.	/ Employed or Unemployed?
9.			9.	/ Employed or Unemployed?
10.			10.	/ Employed or Unemployed?

Referral Source:

(please check all that apply)

Dept. of Community and Human Services		Internet	
Public Benefit		Facebook	
Alexandria Public Schools		Twitter	
Public Health Org.		LinkedIn	
Mental Health Org.		Family	
Criminal Justice Academy		Bulletin/Board/Posters	
Self-Referral: (please check next column)		Other: (please specify)	

TeensWork!
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Phone: 703.746.5990 Fax: 703.746.5984

RELEASE AND CONSENT FOR PHOTOGRAPHS OF RECORDINGS

The undersigned consents to the participation of _____ in a photograph/audio or video recording produced by the Youth Employment Program at the Workforce Development Center. The undersigned is aware that the photograph/audio or video recording may be published by the Youth Employment Program at the Workforce Development Center and may be released to news media and others in connection with the promotion and publicizing of activities of the Workforce Development Center. The undersigned agrees to the use of his/her name, likeness, and biographical data in connection with this photo/recording and its publication. The undersigned waives any demand for compensation and relieves the Youth Employment Program at the Workforce Development Center from all claims arising from the use of this photograph or recording.

Signed this _____ day of _____, 20_____

Signature of Releaser: *(see below)* _____

Address: _____

For youth under 18 years old, a parent or guardian must sign for release & consent

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